

FEB 16 2006

FAX TRANSMISSION**DATE:** February 16, 2006**PTO IDENTIFIER:** Application Number 10/773849-Conf. #7173
Patent Number**Inventor:** Masami TSURUTA et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP
Anthony A. Laurentano/WEW**PHONE:** (617) 227-7400**Attorney Dkt. #:** CTW-028**PAGES (Including Cover Sheet):** 11**CONTENTS:** Amendment (5 pages)
Fee Transmittal (1 page)(in duplicate)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Transmittal (1 page)
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Certificate of Transmission (1 page)

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LAHIVE & COCKFIELD, LLP
28 State Street, Boston, Massachusetts 02109
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

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PTO/SB/87 (08-04)

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Application No. (if known): 10/773849

Attorney Docket No.: CTW-028

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Amendment (5 pages)

Fee Transmittal (1 page)(in duplicate)

One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Transmittal (1 page)

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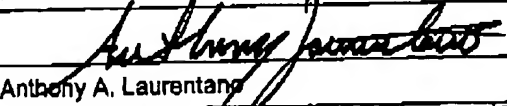
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/773849-Conf. #7173
	Filing Date	February 8, 2004
	First Named Inventor	Masami TSURUTA
	Art Unit	2875
	Examiner Name	Y. M. Q. Lee
Total Number of Pages in This Submission	Attorney Docket Number	CTW-028

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Transmission
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Anthony A. Laurentano		
Date	February 16, 2006	Reg. No.	38,220

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).				Application Number 10/773849-Conf. #7173	
FEE TRANSMITTAL For FY 2005				Filing Date February 6, 2004	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				First Named Inventor Masami TSURUTA	
				Examiner Name Y. M. Q. Lee	
				Art Unit 2875	
TOTAL AMOUNT OF PAYMENT		(\$) 120.00		Attorney Docket No. CTW-028	

METHOD OF PAYMENT (check all that apply)					
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FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	300	150	500	250	200	100	_____	
Design	200	100	100	50	130	65	_____	
Plant	200	100	300	150	160	80	_____	
Reissue	300	150	500	250	600	300	_____	
Provisional	200	100	0	0	0	0	_____	
							Small Entity Fee (\$)	

2. EXCESS CLAIM FEES								
Fee Description							Small Entity Fee (\$)	
Each claim over 20 (including Reissues)							50	
Each independent claim over 3 (including Reissues)							200	
Multiple dependent claims							360	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							Multiple Dependent Claims Fee (\$) Fee Paid (\$)	
_____ = _____ x _____ = _____							_____	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
_____ = _____ x _____ = _____								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
_____ - 100 = _____		/ 50		(round up to a whole number) x _____		= _____	Fees Paid (\$)	

4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)							_____	
Other (e.g., late filing surcharge): 1251 Extension for response within first month							120.00	

SUBMITTED BY		Registration No.		Telephone	
Signature <u>Anthony A. Laureano</u>		38,220		(617) 227-7400	
Name (Print/Type) <u>Anthony A. Laureano</u>		Date		February 18, 2006	

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Signature: Anthony A. Laurentano (Anthony A. Laurentano)